

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

INVENTOR: 34/5-1.3.1 FILING DATE: 11/1/88
APPLICANT(S):

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL O.	3					
TOTAL P.	12					
TOTAL AIMS	15					
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TOTAL INC.						
TOTAL DEP.						
TOTAL CLAIMS						

0-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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